

## **UTILITY PATENT APPLICATION TRANSMITTAL**

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Address to: Commissioner for Patents	Attorney Docket No.	REF/KUO/882CIP	-38
Box PATENT APPLICATION Washington, DC 20231	First Named Inventor (or identifier)	KUO et al.	1100
	Total Pages		

	Transmitt	ed herew	ith is a patent	application und	er 37 CFR 1.5	3(b).
Entitled:	METHO	FOR FO	ORMING CON	TACT WINDOV	V	
⊠ 1.	Submitted h	erewith are	the following:			
	13 pages of specification.  X Abstract.  2 sheet(s) of drawings.  20 claim(s).  0 Oath/Declaration signed by each inventor.  9 Preliminary Amendment.  0 Information Disclosure Statement(s).  10 pages of Form PTO-1449, and one copy of each document listed thereon.  10 Assignment of the invention, Cover Sheet, and payment of the \$ recordal fee.  10 certified copy of application no.  13 pages of specification in page of the page of					
□ 2.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.					
⊠ 3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.					
□ 4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed					
<b>3</b> 5.	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed ,					
□ 6.	Other:					
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.						
	THE FILIN	G FEE IS CAL	CULATED AS FOLLOW	S:	Basic Fee:	\$710.00
	Total Claims:	20	- 20 =	0	X \$18 =	0.00
Inde	pendent Claims:	3	- 3=	0	X \$80 =	0.00
Correspondence Address: Multiple Dependent Claim (add \$270.00):						

Independent Claims:	3	- 3=	0	X \$80 =	0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4th Floor		Multiple Dependent Claim (add \$270.00):			
		Subtotal:		710.00	
Alexandria, VA 2			50% Reduction if Small Entity Status:		
Phone: 703-683-0500	F	ax: 703-683-1080		Total:	710.00
Date:		Name:		Signature:	
April 23, 2001	Ri	chard E. Fichter	Riol of Field		26 382

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